

2005 Good Life Games Softball Team Entry Form – February 26 & 27, 2005 (Entry Deadline 2/14/2005)

Team Name _____ Division (Circle One) 50+ 55+ 60+ 65+ 70+ 75+

Team Contact _____ Address _____ Phone _____

Attach Entry Fee - \$195 per men’s team (4 games) or \$100 per women’s team (2 games) payable to “**Clearwater Senior Softball**” Mail to: **Good Life Games, 18860 US Highway 19 North, Clearwater, FL 33764**

I HAVE READ THIS WAIVER/RELEASE AND SIGN IT VOLUNTARILY

I know that participating in the Good Life Games is a potentially hazardous activity. I understand that the Good Life Games, Inc. organization is not aware of the extent of my training or physical condition and that no medical examination will be conducted. I should not enter and participate unless I am medically able and properly trained. I have no physical restrictions that would prohibit my participation in the events I have selected. My physician is aware of my intention to participate in the Good Life Games. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the condition of the facilities, all such risks being known and appreciated by me. Having read this release and knowing these facts, and in consideration of your accepting this entry, I, for myself, my heirs, and everyone entitled to act on my behalf, waive, discharge, release and covenant not to sue the Good Life Games organization, its respective administrators, directors, agents, coaches, other participants, sponsoring agencies, sponsors, advertisers and owners and lessors of premises used to conduct the events, all of which are hereinafter referred to a “releasees,” from any and all liability of any kind, including but not limited to death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee(s) or otherwise.

If I should incur injury or illness during the competition, I give my permission for event officials to transport me to a medical facility for treatment.

I consent to allow my picture or likeness to appear in any media coverage or Good Life Games printed materials, in any manner incidental to my participation in the Good Life Games, and without compensation to me.

I understand that Entry Fees are non-refundable after the draw is complete.

	Print Name	Signature	Shirt Size	Birth Date	Age on 12/31/2005
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